

AO 435 (Rev. 04/11)					Administrative Office of the United States Courts Document Page 1 of 1		FOR COURT USE ONLY	
TRANSCRIPT ORDER							DUE DATE:	
1. NAME Diana Pérez Seda					2. PHONE NUMBER (787) 756-1400		3. DATE 8/10/2017	
4. MAILING ADDRESS PO Box 364924					5. CITY San Juan		6. STATE PR	7. ZIP CODE 00936
8. CASE NUMBER 17-3283		9. JUDGE Hon. Laura Taylor Swain			DATES OF PROCEEDINGS			
					10. FROM 8/9/2017		11. TO 8/9/2017	
12. CASE NAME In re: Financial Oversight and Management Board					LOCATION OF PROCEEDINGS			
					13. CITY San Juan		14. STATE PR	
15. ORDER FOR								
<input type="checkbox"/> APPEAL			<input type="checkbox"/> CRIMINAL			<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL			<input type="checkbox"/> CIVIL			<input type="checkbox"/> IN FORMA PAUPERIS		<input checked="" type="checkbox"/> OTHER PROMESA
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)								
PORTIONS		DATE(S)		PORTION(S)		DATE(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)				
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)								
<input type="checkbox"/> OPENING STATEMENT (Defendant)								
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)				
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)								
<input type="checkbox"/> OPINION OF COURT								
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		Entire hearing 8/9/2017		
<input type="checkbox"/> SENTENCING								
<input type="checkbox"/> BAIL HEARING								
17. ORDER								
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS		
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>						
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00		
18. SIGNATURE s/ Diana Pérez Seda				PROCESSED BY				
19. DATE 8/10/2017				PHONE NUMBER				
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS				
ORDER RECEIVED		DATE	BY					
DEPOSIT PAID				DEPOSIT PAID				
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00		
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00		